

IMPROVING TRANSPORTATION FOR A MATURING SOCIETY

U.S. Department of Transportation Study (January 1997)

A comprehensive study published in 1997 by the U.S. Department of Transportation advances the phrase "Safe Mobility for Life" as America's long-term transportation planning goal. The report suggests that attaining the goal should be characterized by several precepts, among them to:

- Keep people operating vehicles as late in life as possible, as long as they can do so safely, particularly in areas with limited transportation alternatives.
- improve the public and private screening and evaluation systems that provide the means to determine when aging adults no longer can operate safely.
- Educate the public on what they can do to maintain operational safety and to prepare for older age without driving.

The licensing decisions of state and provincial driver licensing agencies have generally adhered to these guidelines, although the determination of an individual's operating capability has been hampered by the lack of adequate screening and evaluation tools. That situation is rapidly changing as both public and private sectors are studying aging drivers in depth, seeking reliable yet simple ways to identify the unsafe driver.

Research Findings about Aging Drivers

Age-related physiological changes are inevitable, although the rate of change varies with the individual driver. Declining vision and flexibility, increasing problems with glare and slowing reaction times often occur with aging.

Many drivers compensate for these accumulating changes by modifying their driving habits. Less night driving, avoiding dense traffic and high-speed roadways, and reduced overall mileage are typical of the self-adjustments made by thoughtful drivers concerned with safe operation.

Some drivers do not or cannot recognize the need to curtail or stop driving. Dementia, for example, can interfere with the ability to self-regulate. These people need the assistance of family, friends, the health care community and, ultimately, motor vehicle departments in making the decision to stop. At this point, transportation alternatives become a vital need.

Crash involvement of aging drivers more often stems from lack of attention or errors in comprehension. Failure to yield the right of way, misunderstanding of signs or signals, and inaccurate judgments of speed are typical mistakes. Aging drivers are less often involved in crashes where the cause is speeding, aggressive driving or alcohol-impairment.

The per-mile crash rate of aging drivers rises as age increases. The actual number of crashes remains relatively constant among older age groups because their mileage is dropping. In crashes of equal intensity, those 75 and older are three times more likely to die than a 20-year-old, and 80-year-olds are four times more likely.

More than 90 percent of trips made by aging people are in passenger vehicles. This strong reliance on the automobile illustrates more than a desirable mobility choice. Driving equates with personal freedom and independence. Those who lose their driving privilege leave home about half as often, which sometimes results in depression and physical deterioration.

Health problems that may impair driving ability include severe degeneration of vision, diabetes, stroke, arthritis, and various forms of dementia. Medication side effects and the sometimes unexpected consequences of taking several medicines at once also affect driving. Some ailments are so devastating that further driving becomes immediately impossible. Some, like early Alzheimer's disease, may create no immediately visible impact on driving, yet later will seriously interfere with cognitive functions. Alzheimer's represents a dilemma for licensing agencies because of the difficulty in pinpointing the time when driving should cease.

Age alone has not been a basis for determining eligibility to drive, although some states and provinces introduce more frequent testing of various types at specific age levels. Expansion of this approach probably awaits definitive research findings that will allow states and provinces to adopt realistic screening tools.